

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning APRIL 1, 20 13 and ending JUNE 30, 20 13

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization INDEPENDENCE NATIONAL PARTY Employer identification number 74-3190042

2 Mailing address (P O Box or number, street, and room or suite number)

P.O. BOX 010950

City or town, state, and ZIP code

MIAMI, FL 33101

3 E-mail address of organization

4 Date organization was formed

9-25-06

5a Name of custodian of records

DAVID POWELL

5b Custodian's address

P.O. BOX 010950
MIAMI, FL 33101

6a Name of contact person

DAVID POWELL

6b Contact person's address

SAME AS ABOVE

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☒ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election _____
(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A)

9

0

10 Total amount of reported expenditures (total from all attached Schedules B)

10

0

Sign
Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

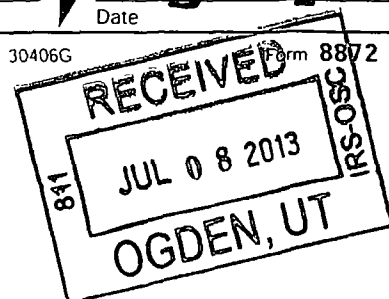
David Powell
Signature of authorized official

7.5.13
Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form 8872 (11-2002)



SCANNED JUN 30 2013

Schedule A Itemized ContributionsSchedule A page 1 of 1

Employer identification number

74-3190042

Name of organization

INDEPENDENCE NATIONAL PARTY

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

Contributor's occupation

\$

Aggregate contributions
year-to-date . . . ▶ \$

Date of contribution

Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶

\$ 0

Schedule B Itemized Expenditures

Schedule B page 1 of 1

Name of organization

Employer identification number

INDEPENDENCE NATIONAL PARTY**74 3190042**

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872

\$

